			EALTH OF MISSOU			-138	
FILED ADD OF		STANDARD CERTI	FICATE OF DEA	TH s	tate File No		
ILED APR 21 is	953	REG. DIST. NO	PRIMARY REG. DIST.	NO. 3 431 R	egistrar's No	26	
I. PLACE OF DEATH		account Me	II A CTATE	ENCE (Where decease	d lived. If ins	titution: res	adipianios
		remove 7 w/-	Misso	ouri	FI	rankli	n
b. CITY (If outside corpur OR TOWN Sulliv		RAL and give c. LENGTH OF STAY (in this place	•)  OR	orate limits, write RURA ington	L and give town	362	5_
d. FULL NAME OF (II a HOSPITAL OR INSTITUTION	not in hospital or ins	stitution, give street address or location	II ADDRESS	(If rural, give location)		0	
3. NAME OF 8.	(First)	b. (Middle)	c. (Last)	. 4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	Donald	L	Hammond	OF DEATH	Jan	28	53
5. SEX ()   6. CO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (Iz	Years IF UNDER	I YEAR   IF	DIEDER M HILL
M ale	W hite	never married	23 Feb 32	last birth	Months	Days Ho	em   Min.
0a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (State of	or foreign country)	-/	12. CITIZE	N OF WHA
done during most of working its	ife, even if retired)	DUSTRY	Washington	. Missouri	0	COUNTR	3. A
Ba. FATHER'S NAME		136. MOTHER'S MAIDE	<del></del>	14. NAME OF HUS	BAND OR WIF		-
Charles W. H	Hammond						
5. WAS DECEASED EVER I	N U.S. ARMED FO		17. INFORMANT'S	SIGNATURE OF	NAME	AD	DRESS
Yes. no. or unknown)   (If yes, Yes   23		f service) NO	' <b> </b>				
R CAUSE OF DEATH		MEDICAL	CERTIFICATION				. BETWEEN
Enter only one osuse per   1.	DISEASE OR CON DIRECTLY LEADIN	NDITION	t and	D. L	<u></u>	ONSET	ND DEATH
4		<b>O</b> •	<u> </u>	<del>alnt -</del>	$\frac{\sim}{\sim}$	7.	40-
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he mode of dying, such A s heart failure, asthenia, P tc. It means the dis-	Morbid conditions, rise to the above cau he underlying cause	if any, giving DUE TO (b) use (a) stating e last.		-+1 :	. 7	-	
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the			embalmed by me,	or by
4 1				
working under my personal supervision.	. ,	Student Emba	Imar No	· <i>··y</i> ······

Licensed Embalmer No.... Student Embalmer P. O. Address\_C Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.